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CONFIRMATION NO. 1940

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/626,304	07/24/2003	383	1761	8362-CIP-CIP-DIV
RULE				
APPLICANTS Aaron Strand, Plymouth, WI; Karl L. Linck, Kohler, WI; Judy Fischer, Plymouth, WI; Thomas J. Spaeth, Kiel, WI; Jerry D. Kolbe, Chilton, WI;				
** CONTINUING DATA ***** VT 11/9/06 This application is a DIV of 09/751,290 12/29/2000 PAT 7,101,079 which is a CON of PCT/US00/25393 09/15/2000 which is a CIP of 09/474,493 12/29/1999 ABN which is a CIP of 09/431,732 11/01/1999 PAT 6,360,513 which claims benefit of 60/133,810 05/11/1999				
** FOREIGN APPLICATIONS ***** VT 11/9/06				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/17/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		STATE OR COUNTRY WI	SHEETS DRAWING 52	TOTAL CLAIMS 48
Examiner's Signature <input checked="" type="checkbox"/> Initials <input checked="" type="checkbox"/>		INDEPENDENT CLAIMS 27		
ADDRESS 22922				
TITLE Resealable bag for filling with food product(s) and method				
FILING FEE RECEIVED 3270	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	